



DIVISION OF DEVELOPMENTAL DISABILITIES  
**PERIODIC REVIEW OF INDIVIDUAL SERVICE PLAN**  
**(RCW 74.13.350)**

TYPE OF HEARING/REVIEW <b>Continued Out of Home Care for Child with Developmental Disabilities</b>			
DATE AND TIME OF HEARING/REVIEW		DATE OF REPORT	REPORT COVERS (FROM - TO) to
<b>IDENTIFYING INFORMATION</b>			
CHILD'S NAME		SOCIAL SECURITY NUMBER	
LEGAL NUMBER	BIRTHDATE	AGE	CASE NUMBER
ETHNICITY (CHECK ALL THAT APPLY) <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic  This child is Native American per Attachment A on the initial Individual Service Plan report dated _____. <div style="text-align: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</div> (If child is not Native American, subsequent reports can delete Attachment A.)			
TYPE OF PLACEMENT		DATE OF PREVIOUS REVIEW HEARING(S)	CURRENT LEGAL STATUS <b>Voluntary Placement</b>
<b>PRINCIPAL INVOLVED ARE:</b>			
MOTHER'S NAME			
FATHER'S NAME			
GUARDIAN AD LITEM'S NAME			
SOCIAL WORKER'S NAME			
CHILD'S NAME			
<b>CASE BACKGROUND</b>			
A. Begin date of current placement episode: _____  B. Child was originally placed because:          			

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- C. Child/family needs were originally identified as (consider medical, educational, environmental, psychological, ethnic and cultural needs):
- D. Services originally offered and/or provided to prevent placement (describe result of preventive services offered and provided. If not offered or provided, explain why):
- E. Placement resources considered or tried to achieve least restrictive setting at the time of child's original placement out of home:

**CASE PLAN FOR NEW REVIEW PERIOD (EXCEPT AS AMENDED BY COURT ORDER)**

A. PERMANENT PLAN (FOR UPCOMING REPORT PERIOD)

- ☐ Return home ☐ Relative placement ☐ Relative guardianship  
☐ Foster Parent guardianship ☐ Foster care long-term agreement

Tentative completion of present permanent plan, depending on action, progress and cooperation of those involved is:

RECOMMENDATIONS - LEGAL STATUS OF CHILD

**Voluntary Placement to Continue Out of Home Care with Parent Retaining Custody**

B. RECOMMENDATIONS - PLACEMENT

- ☐ 1. In-home support service package because:

- ☐ 2. Out-of-Home Placement because:

3. Discuss type of out-of-home placement recommended and how the proposed placement described in B.2. above is least restrictive and in the closest possible proximity to the parent's home, child's school, and consistent with the child's best interest and special needs.

**SOCIAL STATUS SUMMARY**

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ATTACHMENTS	
<input type="checkbox"/> Attachment A regarding Native American Status <input type="checkbox"/> Copy of RCW 74.13.350 <input type="checkbox"/> Voluntary Placement Agreement <input type="checkbox"/> Other:	
SUBMITTED BY:	
DIVISION OF DEVELOPMENTAL DISABILITIES (DDD) SOCIAL WORKER'S NAME	DATE
Copies provided to parents:	
<input type="checkbox"/> _____ MOTHER	_____ DATE
<input type="checkbox"/> _____ FATHER	_____ DATE
<input type="checkbox"/> Copy sent to foster parents on _____	